

Junior Leadership Training Academy  
 July 9 - 11, 2015  
 So. Mo. Dist. RR  
 Application



NAME: \_\_\_\_\_  
 PARENT/LEGAL GAURDIAN'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 Church name: \_\_\_\_\_  
 Commander's name: \_\_\_\_\_  
 Commander's email address: \_\_\_\_\_  
 Commander's phone number: \_\_\_\_\_  
 Commander's signature: \_\_\_\_\_  
 Outpost #: \_\_\_\_\_  
 T-shirt size: Adult S M L XL  
 Hat size: S M L XL  
 Requirements: completed JTC & be an Expedition Rangers  
 Cost: \$50 (make check payable to So Mo RR)  
 Costs for non chartered and non SOMO Dist. Churches add \$15.00.  
 Application deadline: July 1, 2015  
 Cost includes: camp patch, camp T-shirt, trainee notebook, six meals, and snacks  
 Uniform required: 2 white RR T-shirt (t shirts can be purchased at the camp)  
 Pictures will be taken that might be used for publication.  
**NO CELL PHONE PERMITTED**  
 Permission slip/ Emergency release form required  
 Parent/ Legal Guardian's signature: \_\_\_\_\_  
 Applicant's signature: \_\_\_\_\_  
 Emergency Phone Number: \_\_\_\_\_  
 Date: \_\_\_\_\_

Bring Backpacking, Advanced Backpacking, & Hiking Merits Paper Work

Return to:  
 Cmdr. Bowser  
 807 E. Current Dr.  
 Ozark, Mo. 65721  
 or  
[cbowser55@gmail.com](mailto:cbowser55@gmail.com)

**JTT Personal Equipment List**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Small Bible                            | <input type="checkbox"/> Mess Kit (plate/bowl & spoon/fork) | <input type="checkbox"/> Pencil                         |
| <input type="checkbox"/> Sleeping bag with storage bag          | <input type="checkbox"/> Personal First aid kit             | <input type="checkbox"/> Socks                          |
| <input type="checkbox"/> Tent to be shared with another boy     | <input type="checkbox"/> Insect repellent                   | <input type="checkbox"/> Waterproof hiking boots        |
| <input type="checkbox"/> Small tarp for under tent              | <input type="checkbox"/> Rope                               | <input type="checkbox"/> Water shoes                    |
| <input type="checkbox"/> Clothes to sleep in                    | <input type="checkbox"/> Wet wipes                          | <input type="checkbox"/> RR T-shirt (white with emblem) |
| <input type="checkbox"/> Flash Light (extra batteries and bulb) | <input type="checkbox"/> Toothbrush and paste               | <input type="checkbox"/> Change of under clothes        |
| <input type="checkbox"/> Back Pack                              | <input type="checkbox"/> Rain gear                          | <input type="checkbox"/> Swimming shorts                |
| <input type="checkbox"/> 1 gallon Ziploc bags to put things in  | <input type="checkbox"/> Jacket                             | <input type="checkbox"/> 2 water bottles/canteens       |
| <input type="checkbox"/> Compass                                | <input type="checkbox"/> Waterproof matches or lighter      | <input type="checkbox"/> Duct Tape                      |
| <input type="checkbox"/> Camera                                 | <input type="checkbox"/> Water purifier                     | <input type="checkbox"/> Pillow                         |
| <input type="checkbox"/> Mat to sleep on                        | <input type="checkbox"/> Towel                              | _____   |

Southern Missouri District Royal Rangers Emergency Medical Information and Authorization Form

Event: Junior Leadership Training Academy, July 9-11, 2015

Ranger's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Age: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Time of Day/Night you Work: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Time of Day/Night you Work: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Persons (other than Parents) to contact in case of an emergency:  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Questionnaire

Please answer all of the following questions. Explain any "YES" answers.

1. Is your son being treated for any injury or illness? .....  Yes  No
2. Is your son taking any medication? If so, What? & When? .....  Yes  No
3. Does your son have asthma? .....  Yes  No
4. Is your son allergic to any form of medication? .....  Yes  No
5. Does your son have hay fever? .....  Yes  No
6. Does your son have any known allergies? .....  Yes  No
7. Has your son had his tonsils removed? .....  Yes  No
8. Has your son had his appendix removed? .....  Yes  No
9. Has your son had any other operations? .....  Yes  No
10. Is there any family history of any disease? .....  Yes  No
11. Does your son require a special diet? .....  Yes  No
12. Does your son have any chronic medical problems? .....  Yes  No  
 (i.e. cardiac, respiratory, kidney, seizure or other)
13. Has your son had any "childhood diseases"? .....  Yes  No  
 (i.e. measles, mumps, chicken pos, etc.)
14. Does your son sleepwalk? .....  Yes  No
15. Is your son hyperactive? (If so, is he on medication?) .....  Yes  No
16. Are there any medical considerations not mentioned? .....  Yes  No
17. What is the date of your son's last physical exam? \_\_\_\_\_
18. What is the date of your son's last tetanus shot? \_\_\_\_\_

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN.

\_\_\_\_\_  
 \_\_\_\_\_

PLEASE LIST ALL MEDICATIONS BEING TAKEN BY YOUR SON AT THIS TIME.

NAME OF MEDICATION	DOSAGE	WHAT TIME(S)?	REASON FOR MED
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATIONS

My son has permission to participate in any sanctioned event of the Southern Missouri District Royal Rangers provided he is supervised by authorized Royal Ranger leaders who are approved by the Southern Missouri District Royal Rangers. I understand that I will be contacted as soon as possible in the event of an emergency (accident, injury, or illness). I authorize the Commander-in-charge (or designate) to give consent for treatment of my son by a licensed medical personnel in the event of such an emergency. I also understand that the Commander-in-charge of any activity has the responsibility and right to restrict any party from any activity which he feels is beyond the physical capabilities of that party.

I understand that my personal insurance will be the primary insurance policy to be billed in the event of any medical treatment or evaluation and that the local church will be billed as the secondary insurance policy with the Southern Missouri District being the third insurance carrier.

I will not hold the Southern Missouri District Royal Rangers, the National Royal Rangers Organization, any authorized Royal Ranger leader, or any medical personnel financially responsible for any accident, injury, or illness when reasonable precautions have been taken for my son's safety.

\_\_\_\_\_  
 SIGNATURE OF FATHER, MOTHER OR LEGAL GUARDIAN DATE